

# Empowering Healthcare Consumers: A Community Conversation

## CONFERENCE REPORT

Conference Date  
May 6, 2013

Prepared by the Office of Consumer Affairs and  
Business Regulation



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# Empowering Healthcare Consumers: A Community Conversation

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## *CONFERENCE REPORT*

On May 6, 2013, the Office of Consumer Affairs and Business Regulation (“Office”) and the Rappaport Center for Law and Public Service co-hosted a conference at Suffolk University Law School. The conference was co-sponsored by: Aetna, Associated Industries of Massachusetts, Athena Health, Atrius Health, Beth Israel Deaconess Medical Center, Blue Cross Blue Shield of Massachusetts, Community Catalyst, Greater Boston Interfaith Organization, Group Insurance Commission, Health Care for All, Health Law Advocates, Massachusetts Association of Health Plans, Massachusetts Center for Health Information and Analysis, Massachusetts Division of Insurance, Massachusetts Health Council, Massachusetts Health Policy Commission, Massachusetts Hospital Association, Retailers Association of Massachusetts, Steward Health Care System, Suffolk Law School Health and Biomedical Law Concentration, and Tufts Health Plan.

The Office put together this conference, entitled Empowering Healthcare Consumers: A Community Conversation, to highlight an ongoing dialogue around issues of patient empowerment through price and quality transparency. This conference sought to build a coalition of interested parties to get everyone on the same page about the most recent reform effort in the healthcare marketplace.

Chapter 224 of the Acts of 2012, the Health Care Quality and Cost Containment Law, passed by the Legislature and signed into law by Governor Patrick in summer 2012 sought to address the rising costs of health care while simultaneously improving quality. One of its key features is that it requires that by October 2013 health insurance carriers provide a website and toll-free phone number that will allow members to compare healthcare services and products based on costs, including out-of-pocket costs, allowed amounts, and other price information. Additionally, the law requires that by January 2014 providers, too, must be able to inform consumers about the costs of procedures beforehand.

It takes a village to perform many tasks, including implementing a law. And here, it’s not only implementing a law, it’s changing a culture. The mindset and attitudes of healthcare participants and consumers alike must change for this law to have any real and lasting effect.

## **Introduction**

The conference began with a welcome address from Gregory Massing, Executive Director of the Rappaport Center for Law and Public Service at Suffolk University Law School, Gregory

Bialecki, Secretary of Housing and Economic Development, and Barbara Anthony, Undersecretary of Consumer Affairs and Business Regulation.

Undersecretary Anthony described the importance of language in empowering consumers in the healthcare marketplace. She said the term “patient” connotes passivity and a person who has a service performed on or to her. But the term “healthcare consumer” connotes a pro-active mode and a person who chooses a product or service. This distinction is important. The Office wants to advocate for the empowerment of consumers—cost and information transparency about health care options can help consumers take the initiative and place themselves in participation with providers in the center of their own health care decision making. The Office encourages a change in consumer mindset; consumers must purposefully engage themselves to understand their options and make informed decisions. This attitude reset will take a change of culture in the healthcare marketplace for consumers, industry, and everyone else involved.

The Office of Consumer Affairs and Business Regulation created a Twitter hashtag, #empowerHC, which was used to quickly identify tweets related to the conference. The Office continues to use the hashtag for tweets related to empowering healthcare consumers and encourages others to do so as well. The hashtag was well-used at the conference, with 228 tweets using the hashtag and on average 38 tweets made per hour. By the end of the conference, there were 215,325 impressions on the followers of those Twitter users at the conference. The power of social media should be harnessed for the larger campaign.

## **Audience Response Questions**

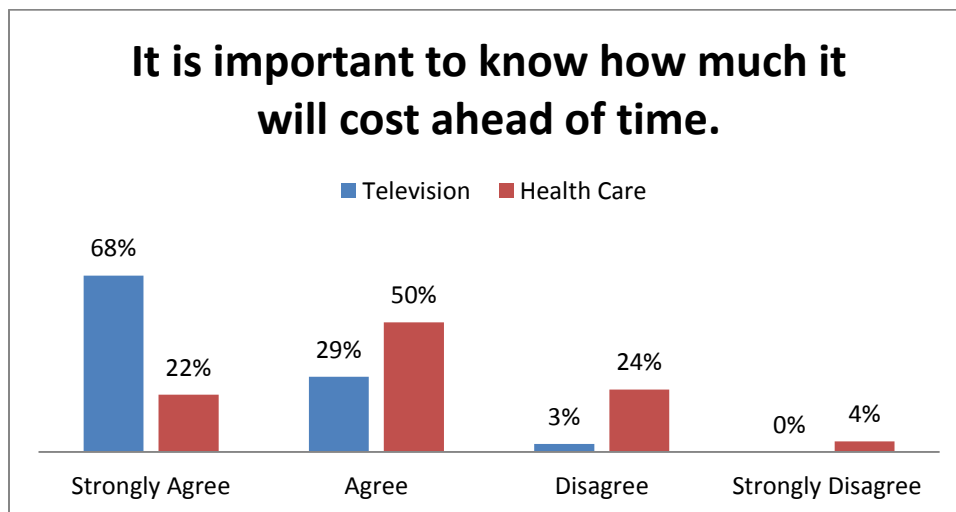
Early on in the conference, the audience was polled on their attitudes about health care. This polling tool was useful to engage the audience and to offer talking points for the panel discussion regarding how those in the room think on certain health care issues related to transparency of cost and information. This data was later compared to five identical questions that Mass Insight used in its Massachusetts-wide poll that included health care issues.

Note that the data represented here from the conference audience is not representative of the general Massachusetts population; it is not a random cross-section of respondents nor is it enough of a sample to be statistically valid. This data, however, is interesting and may be generally instructive as a tool to gauge opinion. Note also that the Mass Insight data is instructive as to the opinions of the general public because it did take a random cross-section of Massachusetts residents and had enough respondents for the results to be statistically valid. Note also that the Mass Insight questions included a “Don’t Know” option so the percentages for Mass Insight results may not add to 100%.

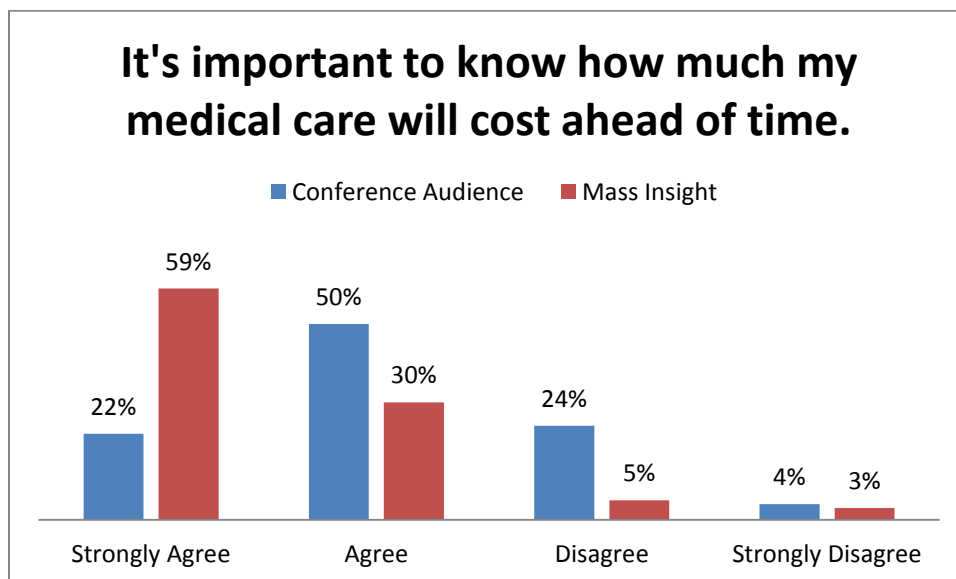
The appendices contain a full list of questions and answer results, but some interesting results are reported here. See Appendix I for the full conference responses. See Appendix II for the five Mass Insight results.

## Comparison of Responses

Although nearly everyone considered knowing the cost of a television ahead of time was important, about a quarter of the people at the conference did not think it was important to know medical costs ahead of time.

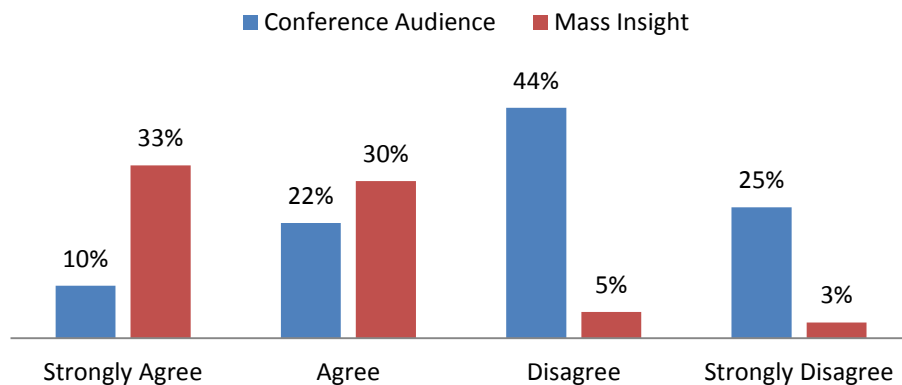


Compare that with Mass Insight numbers showing a greater importance of getting medical cost beforehand.



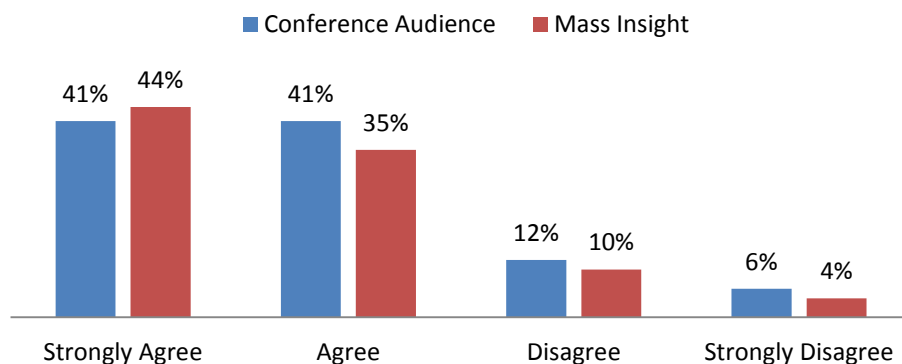
The audience and Massachusetts general population had differing views on being able to get useful cost information beforehand.

**Now when I need medical care, I can get useful information about my out-of-pocket costs in advance.**



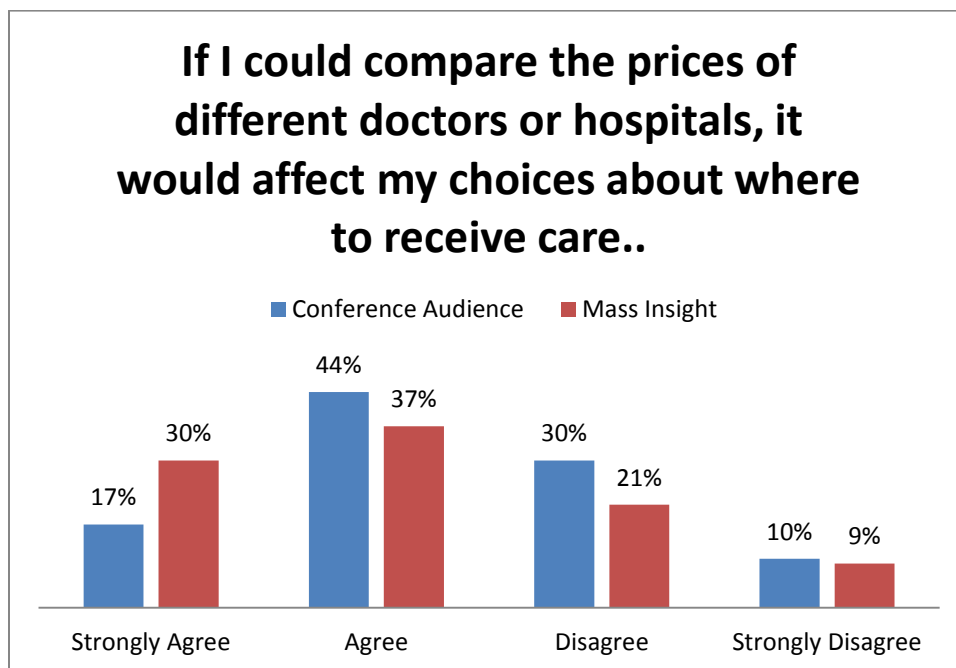
People want a website to compare costs. The power in these websites is in the comparison.

**I'd like to be able to go to a website to compare the costs of receiving medical services from different doctors and hospitals.**





Comparing doctors based on cost would affect where most people would receive care.



## Moderated Panel Discussion

An esteemed panel was moderated by Martha Bebinger, a healthcare reporter and journalist for WBUR. The panelists consisted of: Deborah Devaux, Senior Vice President for Network and Service Integration, Blue Cross Blue Shield of Massachusetts; Jon Hurst, President, Retailers Association of Massachusetts; Eugene Lindsey, M.D., President and CEO, Atrius Health; Dolores Mitchell, Executive Director, Massachusetts Group Insurance Commission; Joseph Murphy, Commissioner, Massachusetts Division of Insurance; Lynn Nicholas, President, Massachusetts Hospital Association; James Roosevelt, Chairman of the Board, Massachusetts Association of Health Plans and CEO of Tufts Health Plan; David Seltz, Executive Director, Massachusetts Health Policy Commission; and Amy Whitcomb Slemmer, Executive Director, Health Care for All.

Martha Bebinger asked incisive questions to engage each member of the panel in a discussion of multiple topics in health care. Some of the general topics and elaborations on each are included here. The issues below are not necessarily the entirety of the conversation and they are grouped topically rather than in the order they were discussed at the conference.

## An Attitude Reset

All panelists agreed that consumers should be involved in their own health care in some way and discussion often came back to increasing consumer engagement. They discussed the question of how governments, providers, insurers, advocates, and others could encourage consumers to become more engaged.

Panelists discussed the idea that the attitude sought should be one of an everyday consumer, hence the “patient” versus “healthcare consumer” distinction. Not everyone on the panel, however, agreed with the change in term from patient to consumer.

Part of the issue is that information in health care is difficult to obtain. Exacerbating that shortcoming is the fact that consumers in a healthcare setting are remarkably passive compared to consumers in other markets. This is not necessarily without reason, such as past influence of the control and knowledge of the doctor and the traditional practice of doing whatever the doctor said while having the insurer pay for most everything. But this is where an attitude reset could change the system for the better.

There was some discussion about terminology in relation to “pushy patient,” a term used by Executive Director of the GIC Dolores Mitchell at the conference. Executive Director Dolores employed this term in relation to the motivation of the patient—the patient’s motivation should be to understand, and to do so by questioning the doctor or healthcare professional. Other panelists had some resistance to the term, but the panelists universally espoused similar concepts.

The key for the consumer is attitude. Retailers Association of Massachusetts President Jon Hurst described the attitude as “active” rather than “reactive.” Whether called patients or consumers, healthcare consumers should be participatory actors in the healthcare system rather than passive reactors. Healthcare consumers are patients empowered. The power comes from information, an awareness of the system, and the right to be inquisitive and assertive.

## Understanding the Healthcare System

Hospital bills can be confusing. Consumers may not always understand what amount of money or what price is attributed to what product or service. As Senior Vice President at Blue Cross Blue Shield Deborah Devaux summed up, people know more about their cable bill than their health care bill.

Commissioner of Insurance Joe Murphy commented on the panel that government and healthcare industry participants both have a responsibility to encourage motivational changes in healthcare consumers so they feel comfortable asking questions about bills, procedures, or other aspects of their health care. Aron Boros, Executive Director of the Massachusetts Center for Information and Analysis, an attendee at the conference, stated that Massachusetts is ahead of others in



addressing health care reform and that we should all continue to work together to continue our progress.

Secretary Bialecki made an insightful comment about the influence of Yelp and other un-moderated, crowd-sourced informational websites that many consumers turn to for information in various markets. The panel discussed his observation that a consumer would find more than two dozen reviews about a particular Watertown restaurant but get only a handful of reviews of Tufts Health Plan, also located in Watertown.

Consumers should be listening to their doctors, but also talking with their doctors as well. Providers, for their part, can be more conversational rather than professorial. Although healthcare consumers should be educated, at least in part, by the providers, consumers themselves should be in control of the health care decisions that will affect them. Providers should be receptive to the questions, comments, and concerns of the consumers.

## Health Care Quality and Cost

Unless doctors charge healthcare consumers directly, doctors often do not know the full costs of the care they provide or recommend. Although the results of the Mass Insight poll shows that Massachusetts residents would trust information about costs from their doctor, the panel discussed how little doctors actually know about the costs of the very procedures they order and services they perform. This dichotomy may simply show the trust consumers place in doctors; if doctors did know cost, consumers would trust the information. But the expert panel agreed that consumers often cannot get useful cost information from doctors.

Costs can be variable. Ultimate healthcare costs can often not be predicted based on unknown factors such as complications and conditions such as chronic illnesses. And of course, the costs of emergency services can be unpredictable, or even if they could be predicted, could not always be reasonably acted upon. But although some health care cannot be planned, consumers can plan for many procedures and services in advance if they have the tools to do so.

The Health Care Quality and Cost Containment law requires insurance companies to display costs for members. Chairman of the Board of the Massachusetts Association of Health Plans Jim Roosevelt and Commissioner Joe Murphy both spoke on the requirement. The panel agreed that government, advocates, and insurers all believe that the requirement to provide this information is important. Providers, too, under the law must get cost information to consumers. One big question voiced by consumer advocates was how to make these tools accessible and provide understandable information that consumers can use to choose a care-giver based at least in part on comparable cost.

Martha Bebinger guided discussions around quality and its importance in being matched with price. Without quality information, price information is significantly less meaningful. But with the myriad of different measures, defining quality in itself is difficult. How to match quality with price information and present it in a meaningful and understandable way is a challenge that should be addressed in the creation of transparency tools and other transparency efforts.

## Keynote Speaker

Dr. Leana Wen, M.D., MSc, works in emergency care, is a self-proclaimed patient advocate, and co-authored the book “When Doctors Don’t Listen.” At the conference, Dr. Wen related three engaging real-life stories. These poignant and sometimes personal stories spoke to the difficulty patients have asking questions of providers and the problem that occurs when providers do not engage patients in a substantive dialogue.

Each story related the situation of an everyman or everywoman in a difficult health care position. But these situations did not have to be difficult. In each case, the doctor failed to listen to the story told by the patient, or failed to elicit relevant information from the patient, resulting in unnecessary care that actually made the situation worse: more costly, more frustrating, more time consuming, and more dangerous. In each case, the situation could have been resolved by the doctor talking with and understanding the patient. Dr. Wen relayed to the conference audience the incredible statistic that doctors’ preliminary diagnoses turn out to be correct about 80% of the time from listening to and understanding the consumers’ stories alone.

The importance of healthcare consumer and doctor working together as partners is highlighted in Dr. Wen’s book and in her talk at the conference. The Office suggests a possible subtitle to Dr. Wen’s book—it could be “When Doctors Don’t Listen: And When Patients Don’t Talk.” As any conversation is a two-way street, so too is the obligation to initiate it. Doctors should be open and receptive and provide important information at the outset, but consumers should be assertive and talkative. As Dr. Wen stated, if a doctor does not ask for the healthcare consumer’s story, the healthcare consumer should tell the doctor that she has a story and it is important. This may be difficult in practice, but again, a change in culture among healthcare consumers and all sides of the healthcare market will improve both cost and quality.

## Facilitated Table Discussions

Renee Landers, Professor of Law and Director, Suffolk Health and Biomedical Law Concentration, and Jean Yang, Executive Director, Commonwealth Connector Authority, led a lively facilitated discussion among attendees that involved breakout sessions at each table. The table facilitators were: Joanne Campo, Deputy General Counsel, Office of Consumer Affairs and Business Regulation; Deborah Gordon, Vice President and Chief Marketing Officer, Network Health; Alliea Group, Health Care Team Leader, Greater Boston Interfaith Organization; Marcia Hams, Program Director for Prescription Access and Quality, Community Catalyst; Paul Hattis, Chair, Community Health Care Investment and Consumer Involvement Committee of the Massachusetts Health Policy Commission; Lora Pellegrini, President and CEO, Massachusetts Association of Health Plans; Rick Lord, President and CEO, Associate Industries of Massachusetts; Gregory Massing, Executive Director, Rappaport Center for Law and Public Service; Laura Peabody, General Counsel, Harvard Pilgrim Health Care; Brian Rosman, Research Director, Health Care for All; Eric Schultz, CEO, Harvard Pilgrim Health Care; Matt Selig, Executive Director, Health Law Advocates; Susan Servais, Executive Director,

Massachusetts Health Council; Marci Sindell, Chief External Affairs Officer, Atrius Health; and Leana Wen, M.D., MSc, Author “When Doctors Don’t Listen.”

The facilitated table discussions involved a fictitious scenario in which attendees of the conference were asked to place themselves. To summarize, the scenario asked attendees to pretend they experienced a knee injury and went to their primary care physician who referred them to an orthopedic surgeon who recommended knee surgery. The scenario briefly described the surgery and the health insurance information. It then provided some information that the attendees received from their insurer’s new cost and quality comparison tool on the insurer’s website. It provided a choice of five hospitals, cost information (total surgeon and hospital costs and attendees’ out-of-pocket costs) and various sets of quality data (number of surgeries performed at hospital per year, rate of infection/complications, mortality, length of stay, and patient satisfaction). The discussion prompts centered around questions about where the attendees would have the surgery and why. Three quarters of the way through the discussion, the facilitators presented a change in the situation—the attendees would now have a co-insurance (or obligation to pay a percentage of the total cost).

The tables then reported out what they talked about. The individual comments can be categorized into four major points: 1) The prevailing attitude is that cost is not the most important factor, but it should at least be a factor; 2) doctors are important and influential so they need to be a major part of the change in consumer attitude; 3) consumers want more information about their options; 4) consumers should understand their important place in their own health care.

### **Cost Is a Factor (But Not the Most Important One)**

Many attendees considered cost when making their decision, but did not consider it an important factor when deciding where to receive care. The attendees also discussed the practical difficulties outside the bounds of this scenario of actually determining cost beforehand, and also the difficulty in determining the consumer’s portion of care. This is true, said some attendees, even after the bill arrives because the bill is hard to decipher. Additionally, although this scenario occurred in a bubble, the attendees recognized that real life was not so neat and took into account possibilities such as follow-up visits, physical therapy, and unforeseen but related post-procedure care.

At least some attendees considered that many new health plan products on the market by default involve choosing care based on cost: Tiered plans and limited networks are offered at lower premium costs but offer variable or fewer options priced at levels related to the included providers. Not including an expensive provider in the plan that the consumer (or employer) chose to purchase is, by definition, choosing based on cost.

But choosing a provider based on cost, said most attendees, involves incentivizing consumers to do so—without a personal incentive, consumers may resort to the old standby of the so-called Neiman Marcus effect: Highest price equals best quality. The attendees discussed the fact that a larger societal incentive (if one person goes to a higher-cost provider, the premiums will increase in the long-run for everyone) is just not as effective as a personal incentive (if one person goes to

a higher-cost provider, it will be expensive for that person right now). As more plan options come on the market that include high deductible and co-insurance, perhaps the Neiman Marcus effect will hold less sway. One of the tables brought to the group's attention that perhaps the health care marketplace should create a new and universal definition of "value" in health care.

## **Doctors Are Important and Influential**

Many attendees talked about the available information in the scenario being hospital-centric rather than doctor-centric and the attendees wanted doctor-centric information. This is of particular importance considering that most attendees considered the recommendation from the primary care physician as holding a great amount of weight. Consumers trust their doctor, so doctors should be an integral part of any informational campaign to change consumer attitudes in health care. Whatever type of informational campaign takes shape, doctors would have to participate because their opinion matters.

## **Consumers Want More Information**

The consumers at the conference were likely more savvy on the whole than the "average" consumer because many had experience with or participated as a professional in the healthcare system. But when presented with the option, these consumers would rather have information than not, and more information was desired in this scenario. Ironically, as was discussed, the amount of information provided in the scenario was likely more than the attendees could have received in real life.

The attendees spoke about existing websites that are not that effective at communicating price and other information in a meaningfully useable way. Additionally, even in this fictitious scenario, many tables disagreed on the most important factor of quality or price information; some chose patient satisfaction, others chose complications, while still others chose the number of procedures. The lack of agreement may actually show something important: Whatever information is available to consumers, there should be a variety.

## **Consumers Should Understand Their Own Health Care**

Attendees, in addition to the provided information, wanted to know where they were in their own health care. By this, the attendees meant that they wanted to know such things as when the deductible will reset (so they wanted to know what time in the calendar year they were getting this fake knee surgery) and how much care they've already received and how much more is likely.

More than one table discussed at length that the importance of health care costs depended largely on the individual's financial situation. The amount of influence of a pocketbook issue depends on the size of the pocketbook.

The attendees brought up Dr. Wen’s advice about the importance of telling the doctor their health care story, but discussed the challenge of how to go about approaching that with a doctor “in real life.” There was no consensus on how consumers should approach a doctor, except to say that they have a story and it is important.

## **Conference Evaluation**

The Office established a short evaluation to gauge the opinions about the conference from the conference attendees. Out of approximately 160 conference attendees, 63 answered the conference evaluation questions.

The response was overwhelmingly positive. About 88% of conference attendees that answered the evaluation rated the conference overall as “very good” or “excellent.” And about 85% of conference attendees “agreed” or “strongly agreed” that the ideas discussed at the conference influenced their thinking about the challenges, opportunities, or value of empowering consumers to make decisions about their health care. This shows the importance of talking about these issues, which the Office will continue to seek to encourage as the Empowering Healthcare Consumers campaign moves along.

The commentary offered in the conference evaluations is also helpful to determine what people liked and what people wanted to see more of. The two most common responses were: the panel discussion and Dr. Wen’s presentation were well-liked, and the audience would have benefitted from more consumer perspective and involvement. This may indicate that expert insight is valuable and necessary and also that the discussion would benefit from including more of the consumers that the Office is trying to reach in this campaign: the Massachusetts population of healthcare consumers.

The full conference evaluation can be found in Appendix III. Note that the conference evaluation is anonymous and no identifying information was given or included in this report.

## **From Lessons to Actions**

The panel discussion, the facilitated table discussions, the keynote speaker, and the audience response question results provided some insight into the minds of healthcare consumers. The majority of those involved in the conference believes healthcare consumers should be more informed consumers and engage themselves in their own care. Just as consumers do not need a specialized education in the field of electronics to compare the benefits and drawbacks of price and quality of various televisions, nor do consumers need to be doctors to be savvy healthcare consumers. But lingering questions exist: Being informed is important, but what information is important, at what time should this information be imparted, and how should it be displayed?

The Office will continue to work with government representatives, health care industry representatives, advocacy groups, and others to affect a state-wide campaign that will seek the best ways to empower healthcare consumers through price and information transparency. The Office has created and begun to distribute two brochures: “Empowering Healthcare Consumers: Speaking with Your Healthcare Providers” and “Empowering Healthcare Consumers: Speaking with Your Insurance Company About Your Healthcare Plan.” Find them on the Office’s website at [www.mass.gov/consumer](http://www.mass.gov/consumer). But more steps must be taken to get the message across state-wide and also reach individual consumers.

We can work together to affect a change in culture, but it will take significant time and effort. The key is getting the consumer involved. It will take a multi-faceted and sustained campaign to make healthcare consumers understand that being pro-active and informed about treatment options can bring great benefits.



## APPENDIX I

### Conference Audience Response Data

#### **1. I am a...**

	<i>Percent</i>	<i>Count</i>
Healthcare provider	5%	6
Healthcare administrator	11%	14
Trade association representative	11%	15
Insurance agent or employee	15%	20
Consumer advocacy organization representative	12%	16
Government official or staff	14%	19
Healthcare industry lawyer, consultant, employee	15%	20
Academic or researcher	4%	5
None of the above	14%	18
Totals	100%	133

#### **2. When I buy a TV, it's important to know how much it will cost ahead of time.**

	<i>Percent</i>	<i>Count</i>
Strongly Agree	68%	97
Agree	29%	41
Disagree	3%	4
Strongly Disagree	0%	0
Totals	100%	142

#### **3. It's important that I know how much my medical care will cost ahead of time.**

	<i>Percent</i>	<i>Count</i>
Strongly Agree	22%	31
Agree	50%	70
Disagree	24%	33
Strongly Disagree	4%	6
Totals	100%	140

**4. Now when I need medical care, I can get useful information about my out-of-pocket costs in advance.**

	<i>Percent</i>	<i>Count</i>
Strongly Agree	10%	14
Agree	22%	31
Disagree	44%	63
Strongly Disagree	25%	36
Totals	100%	144

**5. I'd like to be able to go to a website to compare the costs of receiving medical services from different doctors and hospitals.**

	<i>Percent</i>	<i>Count</i>
Strongly Agree	41%	59
Agree	41%	59
Disagree	12%	17
Strongly Disagree	6%	8
Totals	100%	143

**6. I would feel comfortable discussing the cost of my medical care with my doctor.**

	<i>Percent</i>	<i>Count</i>
Strongly Agree	23%	33
Agree	44%	64
Disagree	26%	38
Strongly Disagree	8%	11
Totals	100%	146

**7. If I could compare the prices of different doctors or hospitals, it would affect my choices about where to receive care.**

	<i>Percent</i>	<i>Count</i>
Strongly Agree	17%	24
Agree	44%	62
Disagree	30%	42
Strongly Disagree	10%	14
Totals	100%	142

**8. If I had to choose a hospital or specialist for a medical procedure, my top considerations would be (pick 2).**

	<i>Percent</i>	<i>Count</i>
My out-of-pocket costs	12%	34
Costs to the healthcare system	2%	5
Likelihood of a successful outcome	42%	118
Convenient location	3%	8
Friend and family recommendations	4%	11
Recommendations of my primary care physician	22%	61
My comfort level with the specialist	15%	42
Totals	100%	279

**9. The source I'd trust the most for information about the cost of my medical care is**

	<i>Percent</i>	<i>Count</i>
My doctor	10%	14
A hospital	1%	2
My health insurer	66%	93
My employer	4%	5
A state agency	19%	26
Totals	100%	140

**10. The source I'd trust the most for information about the quality of my medical care is**

	<i>Percent</i>	<i>Count</i>
My doctor	35%	49
A hospital	2%	3
My health insurer	18%	26
My employer	1%	2
A state agency	43%	61
Totals	100%	141

## APPENDIX II

### Mass Insight April 2013 Health Care Poll Result Data Topline

**It is important that I know how much my medical care will cost ahead of time.**

<u>Strongly agree</u>	<u>Somewhat agree</u>	<u>Somewhat disagree</u>	<u>Strongly disagree</u>	<u>(Don't know)</u>
59%	30%	5%	3%	2%

**Now when I need medical care, I am able to get useful information about my out-of-pocket costs in advance.**

<u>Strongly agree</u>	<u>Somewhat agree</u>	<u>Somewhat disagree</u>	<u>Strongly disagree</u>	<u>(Don't know)</u>
33%	40%	17%	7%	3%

**I'd like to be able to go to a website to compare the costs of receiving medical services from different doctors and hospitals.**

<u>Strongly agree</u>	<u>Somewhat agree</u>	<u>Somewhat disagree</u>	<u>Strongly disagree</u>	<u>(Don't know)</u>
44%	35%	10%	4%	6%

**I would feel comfortable discussing the cost of my medical care with my doctor.**

<u>Strongly agree</u>	<u>Somewhat agree</u>	<u>Somewhat disagree</u>	<u>Strongly disagree</u>	<u>(Don't know)</u>
38%	43%	13%	4%	2%

**If I could compare the prices of different doctors or hospitals, it would affect my choices about where to receive care.**

<u>Strongly agree</u>	<u>Somewhat agree</u>	<u>Somewhat disagree</u>	<u>Strongly disagree</u>	<u>(Don't know)</u>
30%	37%	21%	9%	3%

## *APPENDIX III*

### Conference Evaluation

**Question 1: How would you rate the value of each part of the conference?**

	Excellent	Very Good	Good	Fair	Poor	Did Not Attend This Part
<b>a. Introductory "clicker" survey questions</b>	<b>42.86%</b> 27	<b>34.92%</b> 22	<b>15.87%</b> 10	<b>6.35%</b> 4	<b>0%</b> 0	<b>0%</b> 0
<b>b. Comparison of Mass Insight poll with audience clicker responses</b>	<b>41.27%</b> 26	<b>33.33%</b> 21	<b>15.87%</b> 10	<b>7.94%</b> 5	<b>0%</b> 0	<b>1.59%</b> 1
<b>c. Moderated panel discussion</b>	<b>39.68%</b> 25	<b>39.68%</b> 25	<b>17.46%</b> 11	<b>3.17%</b> 2	<b>0%</b> 0	<b>0%</b> 0
<b>d. Dr. Leana Wen's presentation</b>	<b>63.49%</b> 40	<b>15.87%</b> 10	<b>9.52%</b> 6	<b>3.17%</b> 2	<b>0%</b> 0	<b>7.94%</b> 5
<b>e. Table discussions about the knee surgery scenario</b>	<b>43.55%</b> 27	<b>24.19%</b> 15	<b>6.45%</b> 4	<b>4.84%</b> 3	<b>1.61%</b> 1	<b>19.35%</b> 12
<b>f. Report out session about the scenario</b>	<b>26.23%</b> 16	<b>26.23%</b> 16	<b>16.39%</b> 10	<b>3.28%</b> 2	<b>3.28%</b> 2	<b>24.59%</b> 15

## **Comments to Question 1:**

I appreciated having knowledgeable and notable table facilitators to assist us with the breakout sessions.

This conference was very well-executed and interesting from beginning to end.

Definitely worth taking time out of a very busy work day for this conference....thank you

Excellent conference. I particularly enjoyed Dr. Wen's speech--she is a fantastic presenter.

The knee surgery scenario made it clear that people don't really care about cost yet.

Was the 2nd time I heard Dr Wen, same presentation. Martha Bebinger did excellent job with panel discussion.

Dr. Wen was a great speaker. I thought that Martha Bebinger was an excellent moderator.

Excellent content. Felt the panel was too large with too much governmental representation.

Enjoyed the conference very much, especially the breadth and depth of discussion. Think there should have been more consumer discussion and input, had a feeling like too many industry insiders, who were talking to themselves.

The real world exercise was very helpful in illuminating the challenges we face in providing consumers with the information they need to make choices.

Table leader did not have sufficient background in health care for effective results. Several table participants left early.

I'm glad you included Health Care for All so there was some consumer perspective on the panel.

I thought the clicker surveys were a nice way to involve the audience and provide instant feedback. Often, audiences are merely passive observers. It is nice way to make us feel like participants.

Probably didn't need the table discussions - but it was an unusual way to create dialogue and get people engaged and interacting.

The moderator for the panel discussion was phenomenal.

Loved the clickers. Surprised how open everyone was at the table sessions. Even though many folks work in the industry I felt they were trying to think more like patients and left their titles at the door

Perhaps more discussion around the report out portion.



**Question 2: How would you rate this conference overall?**

Excellent	Very Good	Good	Fair	Poor
47.62% 30	41.27% 26	7.94% 5	3.17% 2	0% 0

**Question 3: Do you agree or disagree: The ideas discussed at the conference influenced my thinking about the challenges, opportunities, or value of empowering consumers to make decisions about their health care?**

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
34.92% 22	50.79% 32	12.70% 8	1.59% 1	0% 0

**Question 4: Was there anything else you would have liked us to include in the program (e.g., other topics, information, or perspectives)?**

I am very interested to see if providers will add extra costs to the system because they will want to assure that ACO members stay within ACO when getting their care versus current incentives members receive from the plan to go have his/her care done outside of ACO. What is the real impact of tiered/limited networks on the ACO-based continuum of care? They seem to be counteractive now.

An attendee list would have been helpful.

How smaller providers and community health centers fit into the new payer and ACO landscape

More on the con's of transparency and consumer estimating tools...there are many and they were touched on without a deeper review

People can save money by not overusing care -- this is an important topic for consumers.

Yes. How to empower consumers to get engaged. What questions should consumers ask? What types of answers should they expect? I disagree with whoever said 'a wise consumer is an MD-lite'. I think consumers can be taught how to ask the right questions in medicine, just as they do in car shopping. Most are not mechanics, but make wise car buying decisions. I don't think this discussion was sufficiently advanced from the consumer education perspective.

A variety of differently licensed health care providers offering perspectives on how the partnership with "clients/customers/patients" can be improved in the implementation of health care reform.

I thought that the conference failed to look at some of the challenges that face both consumers and providers in the future. It discussed the issues as if they were static and failed to consider the increasing challenges like PCP shortages.

More industry representatives

More information about the new laws being implemented (summary) or citations. Would love to have been able to download the PowerPoint presentation and results of polls.

The creation of a "single payer system" in Massachusetts. As I left the conference I was thinking that this would be the most effective way of controlling the spiraling cost of health care.

The perspective of the reticent physician was missing - I enjoyed Doctor Wen's talk - but I do not think that she is representative of the majority.

Less than 14% of people in the room were surveyed as "other", which is the group that you trying to serve. Should be more like 50 to 75%.

I would have liked some discussion of Chapter 224 and the State's thinking on it.

Would have been better with more breaks to allow for food refueling and also to network/chat with other attendees

The importance and benefits of the research hospitals in delivering health care. The importance of post hospital care and its cost versus longer stays.

It would be helpful to hear from other states' efforts in this area. Have their efforts worked? If not, why not. We have the highest costs in the nation - what can we learn from others? It was helpful to have a consumer in the audience who was bold enough to speak up - clearly even programs we think are well communicated are not reaching their target audience. More understanding of the consumer perspective is needed.

Martha was great as a moderator. Dr. Wen was really phenomenal. Have this conference again and discuss progress.

Report of status of health care cost containment/reform measures in Mass. What are the HPC and DOI doing now and what will they accomplish in the next year?

I would have appreciated more perspectives related to low-income and marginalized consumers. I felt that the panelists were only discussing people who have private health insurance coverage, and I wish they would have addressed consumers who have state-subsidized coverage, are underinsured, or have no coverage at all.

This was somewhat procedure focused which is where much more quality and cost info may be available. At the same time much of the healthcare system is grappling with chronic disease management - much murkier with some quality and little cost info to help consumers. As behavioral health gets integrated, there will be more cost/quality questions. Many of these particular consumers - who may be among the most vulnerable, may not be web savvy, etc. As the population ages, there will also be more variables with comprehension, etc.

Perhaps more representation from the Hospital provider side. Lynn Nicholas was able to provide some of that perspective. And the speakers for Tufts, Blue Cross, Atrius and others also provided some insight from their perspectives. But I think it would be helpful to include someone from a hospital who has to implement policies and procedures to address these issues.

Dr. Wen talked about when doctors won't listen. It would be helpful to discuss how to resolve billing and other issues after the fact.

Hear from the Hospitals...not just their association

It's going to be an uphill battle I'm afraid. Lots of educational opportunities for consumers with no resources behind it and this is key.

Getting providers involved in the discussion on how to empower healthcare consumers.

### **Question 5: Please share any additional thoughts.**

I certainly hope your office is able to continue this conversation across the state. It would be good to have future panel discussions feature other provider and payer stakeholders. While I appreciated the convenient location of SULS, I would suggest having a bigger location for any similar events you may have in the future.

Excellent conference with great attendees. Thank you.

Excellent conference...thank you

I will be very interested to see the different opinions and choices that come up in different communities with different socio-economic groups. This Boston meeting was attended mostly by professionals or amateur activists in health care. I don't know whether you can attract people outside these coteries to a half-day meeting.

Need to do this with "real" consumers to get better information.

I think the discussion missed the boat. The majority of 'transparency' discussion concerned price transparency. But the survey showed that vast majority of people are primarily interested in outcomes / quality. I think the focus of discussion should have been quality from the start, not price. Unfortunately, I missed the table discussion as had to rush to a meeting

Excellent workshop; well done!

The conference approached most issues from the point of middle class consumers.

Everyone loves their health insurance as long as someone else is paying for it. The program illustrated the wide variances in the cost of health care but presented little as to how the consumer could affect the cost other than to buy high deductible plans and not use them. I was reminded that Harvard Pilgrim and Tufts had their roots in being providers that sold their own plans but now they are insurers making a lot of money. Blue Cross used to be the least expensive but now is the most expensive. The state could look into "Medicaid for all"--let people who are not on welfare buy into the plan at a premium that reflects the actual cost. Medicaid and Medicare seem to be the only entities that can control the cost of health care. Let the public buy into the plans.

Please have this exact same conference again - but invite more people who are less informed about the health care industry - I am sure the discussion will be even more interesting!

Provocative and useful

Many challenges ahead, a road map should be laid out for step by step milestones among all participants. Gov't, Insurance, providers, consumers, etc. Consumer demographics are very different as well, segmented by age, sex, health, income and education will change the way each group responds. Medical treatment is segmented as well; I did not see an attempt to differentiate the different types of treatment for different situations for different consumers. A tool that is right for one group may not be right for another. The conference treated all consumers of healthcare as a monolithic segment, compared to many ways we can look at how groups are segmented.

Moderation by Martha @ the panel was very well done! great variety of speakers/perspectives Dr. Wen is a great speaker + had an important message introducing "healthcare consumer" vs. patient was very thought provoking great exercise with break out session great idea with having a facilitator at each table have twitter conversation was really great. Thank you!

The attendees at my table were professional and thoughtful.

I hope you continue this conversation - it is very important and gathering people with different perspectives together creates a sense of community. Improving cost and quality is a community effort - we need each other to do it well.

More "real" consumers.

Hold more of these meetings to facilitate ongoing consumer engagement in healthcare policy/Gov't regulatory matter. Hold additional fora involving consumers at which HBC and Advisory council, along with DOI/Consumer Affairs officials are present. Current Advisory Council is too big (31 members make it too cumbersome) and still too political (even the

consumer representatives on the Council are funded by large providers and carriers) to effectively empower consumers.

Thanks for making me think about this. I ended up having a consumer moment this week with a surprise ophthalmic problem and found myself in line to register to see a strange tier-3 MD (to whom I'd been referred) for an urgent issue while trying to look up my health plan on my I-phone.....My immediate consumer experience was fine -- we'll see what I think when I get the bill (I haven't met my deductible yet).

I am from a hospital (if you haven't guessed already). I found the discussions and presentations throughout the day to be very informative. They certainly provided some new perspective. This is a challenging topic and it will require the entire healthcare village to work collaboratively to address it. I believe that sessions like this are extremely important to stimulate that collaborative process.

It might have been interesting to have people like me represent the more vulnerable populations we work with. They have a very different way of approaching the world.

Maybe from some medium/large employers, too.

This was by far the best conference I've been to. I felt engaged throughout. Everyone was engaged and you could feel the energy in the room. It was great!

Might have gone a few minutes too long (end at noon or 12:30) but overall excellent.

Nice job!

While I understand the random seating assignment, this made the table discussion a bit more difficult. My table was heavy on the general dislike and distrust of key health care stakeholders, so it was not as open of a discussion.

A longer keynote by Dr. Leana Wen would have been excellent.